

PROOF OF CLAIM

Name of Debtors ____ Stage Stores, Inc., a Delaware corporation ____ Specialty Retailers, Inc., a Texas corporation ____ Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11		Creditor ID#: 788-17936 United States Bankruptcy Court Southern District of Texas FILED AUG 04 2000 Michael N. Milby, Clerk	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Dona Ana County Treasurer		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.			
Name and address where notices should be sent: *****AUTO**3-DIGIT 880 Dona Ana County Treasurer PO Box 1179 Las Cruces NM 88004-1179 [Barcode]		Check box if you have never received any notices from the bankruptcy court in this case			
		Check box if the address differs from the address on the envelope sent to you by the court.			
Account or other number by which creditor identifies debtor: FF#317		Check here _____ replaces if this claim _____ amends a previously filed claim, dated: _____			
1. Basis for Claim ____ Goods sold ____ Services performed ____ Money loaned ____ Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes ____ Other _____		____ Retiree benefits as defined in 11 U.S.C. § 1114(a) ____ Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: 1999 TAXES PD IN FULL		3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ _____ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. ____ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
5. Secured Claim. ____ Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: ____ Real Estate ____ Motor Vehicle <input checked="" type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____, 00		6. Unsecured Priority Claim. ____ Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: ____ Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) ____ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). ____ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). ____ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). ____ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ____ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only			
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
Date 7-27-00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): DAVID GUTIERREZ, DONA ANA COUNTY TREASURER				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 162 and 3671.					

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors

☐ Stage Stores, Inc., a Delaware corporation
☐ Specialty Retailers, Inc., a Texas corporation
☐ Specialty Retailers, Inc. (NV), a Nevada corporation

*place an "x" beside the name of the Debtor you are filing a claim against

Case Number

00-35078-H2-11
 00-35079-H2-11
 00-35080-H2-11

Creditor ID#: 788-17936

United States Bankruptcy Court
Southern District of Texas
FILED

AUG 04 2000

Michael N. Milby, Clerk

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Dona Ana County Treasurer

Check box if you are aware that anyone else has filed a proof of claim relating to your claim.

Attach copy of statement giving particulars.

Name and address where notices should be sent:

*****AUTO**3-DIGIT 880

Dona Ana County Treasurer
 PO Box 1179
 Las Cruces NM 88004-1179

Check box if you have never received any notices from the bankruptcy court in this case

Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:

FF#317

Check here ☐ replaces
if this claim ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☒ Taxes
☐ Other _____

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages, salaries, and compensation (Fill out below)

Your SS#: _____ - _____ - _____

Unpaid compensation for services performed

from _____ (date) to _____ (date)

2. Date debt was incurred: 1999 TAXES PD IN FULL

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ _____

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle
☒ Other All personal and intangible property of Debtor's Estate

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____ .00

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a-_____).

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

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9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This Space is for Court Use Only

Date

7-27-00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

DAVID GUTIERREZ, DONA ANA COUNTY TREASURER

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.